

**Summer Day Camps**

**Emergency Action Plan Form for Life Threatening Allergies/Medical Condition**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Camp (Seekers, Explorers, Teens): \_\_\_\_\_ Lead Staff: \_\_\_\_\_

MEDICAL CONDITION: \_\_\_\_\_

ALLERGIC TO: \_\_\_\_\_

MEDICATIONS:    ☐ Kept at Site                      ☐ Brought Daily in Child's Back Pack

All medications, prescription and over the counter, must be provided to the school in their original packaging, with your child's full name written on the container. Remember to provide medication cups, spoons or other instruments for the medication's administration. The medication dosage must be completed below in the Action Step section. If additional instructions are required, please attach another sheet.

ASTHMATIC:                      Yes ☐                      No ☐

(Asthmatic children can be at high risk for severe allergic reactions.)

ALLERGIC REACTIONS, SIGNS OR SYMPTOMS TO LOOK FOR: \_\_\_\_\_

**ACTION STEPS:** *Please write specific step-by-step instructions for staff to follow in the event your child has an allergic reaction or displays symptoms of a medical condition. You must confirm these steps with your child's physician or health care provider. By providing these instructions, you are consenting to staffs' medical treatment of your child and releasing the City of Pleasanton from liability as provided in the Summer Day Camp Program Emergency Medical Release and Identification Form, incorporated here by reference.*

- For example:
1. Administer Epi Pen
  2. Administer 2 teaspoons of liquid Benedryl.
  3. Call 911.
  4. Call Parents at \_\_\_\_\_.
  5. Call Doctor \_\_\_\_\_ at \_\_\_\_\_.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**FOOD ALLERGY SNACK SUBSTITUTES:**    A calendar that lists snacks is sent home in the Weekly Calendars. **You are responsible to review the snacks and are welcome to review any of the snack labels. If a snack is unsafe for your child to eat, you must alert staff so that staff can provide an appropriate substitute.**

Signature: \_\_\_\_\_

Parent or Guardian

\_\_\_\_\_

Date

Print Name: \_\_\_\_\_